

Building Department  
(540) 727-3405  
Fax: (540) 727-3461  
[www.CulpeperCounty.gov](http://www.CulpeperCounty.gov)

## County of Culpeper

302 North Main Street  
Culpeper, VA 22701



### **FIRE ALARM SYSTEMS PERMIT**

Plans are reviewed by the Fire Safety Consultants, Inc., Elgin, Illinois. Fire Safety Consultants will invoice you separately for the Plan Review. Plans cannot be sent directly to Fire Safety. Plan review fees will not be charged by Culpeper County. Administrative Fees and Permit Fees will apply.

Plans will be sent USPS Priority Mail @ no additional cost. To send UPS Next Day; the cost is \$20.00.

☐ Yes, send my plans UPS Next Day for \$20.00 required at time of submission.

Permit # \_\_\_\_\_

Code Used: 2003 IBC

Information requested is required.

OWNER \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month / Date / Year(ex.1960).

Email Address: \_\_\_\_\_  
Optional

Site Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Information requested is required.

CONTRACTOR \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

License No. \_\_\_\_\_ Class \_\_\_\_\_

License Expiration Date: \_\_\_\_\_

Contract Amount \$ \_\_\_\_\_

Email Address: \_\_\_\_\_  
Optional

Scope of Work: ☐ Sprinkler \_\_\_\_\_ / Commercial

Description of Work (be detailed and write legibly) \_\_\_\_\_

It is the responsibility of the person issued this permit to insure adherence to all building regulations. It is the responsibility of the person issued this permit to be responsible to schedule all necessary inspections and a final inspection will be necessary to close this permit.

\_\_\_\_\_  
Signature of Contract/Representative

Print Name: \_\_\_\_\_

#### **Administrative Use Only**

**Permit Fee** \$ \_\_\_\_\_  
(\$3.50/\$1000 value, minimum \$100)

**Administrative Fee** \$ \_\_\_\_\_  
(See Fee Schedule for Trades)

**1.75% Levy per VUSBC** \$ \_\_\_\_\_

**Total Permit Fee** \$ \_\_\_\_\_

Typed: ☐ YES \_\_\_\_\_  
Date

Amt. Paid: \_\_\_\_\_

Check #: \_\_\_\_\_

Date Paid: \_\_\_\_\_